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ABSTRACT

The feelings of therapist and patient toward each other are important factors in the therapeutic relationship. This study investigated how beginning therapists perceive and are perceived by clients. After initial counseling sessions with college student clients (N=133), six psychotherapy practicum trainees at a university counseling center completed the Therapist Personal Reaction Questionnaire (TPRQ), rating their feelings toward the client and their assessment of how well the interview was conducted. Clients (N=133) completed the Counselor Rating Form-Short Version (CRF-S), which assessed patient perceptions of therapist attractiveness, expertness, and trustworthiness. Five of the 15 TPRQ items related significantly to at least one of the CRF-S scales. The findings indicated that when therapists felt they had done a good job in the intake session, clients rated them high on the Expertness Scale of the CRF-S. Both patients and therapists appeared to be in agreement about how good a job the therapists had done in the initial sessions. The results indicated that, at intake, novice therapists were viewed as expert if they saw their client as troubled and unable to solve his or her own problem. When novice therapists saw their clients as already helping themselves, clients viewed therapists as lacking in skills. These results suggest the importance of training beginning therapists to identify the concerns of their patients. (NB)

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Patients' and Therapists' Perceptions of Each Other at Intake

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Patients' and Therapists' Perceptions of Each Other at Intake

The feelings of therapist and patient toward each other are important factors in the therapeutic relationship. Beutler (1972) showed that patients' and therapists' perceptions of each other are related to therapeutic outcome. Bottari and Rappaport (1983) found that therapists' ratings of patients' symptom improvements were positively related to patients' ratings of therapists' styles of relating.

This study examines further the interrelationships among patients' and therapists' perceptions of each other. In contrast to other research in this area which used experienced therapists, the study was conducted in a university counseling center using psychotherapy practicum trainees as therapists. The research, therefore, investigates the way that beginning therapists perceive and are perceived by their clients.

Method

Subjects

Participants were 6 psychotherapy practicum trainees (5 women, 1 man) who spent 2 days a week doing therapy in a university counseling center. Their patients were 133 traditional-aged (17-23) college students (77 women, 56 men) who sought help at the center for the first time during the 1985-86 academic year.

Procedure

After initial interview, patients who came to the center for the first time and their therapists were asked by the reception secretary to complete brief questionnaires. The questionnaires were confidential; therapists and patients did not have access to each others' ratings.

Patients were given the 12-item Counselor Rating Form - Short Version (CRF-S; Corrigan & Schmidt, 1983), which assesses patient perceptions of therapist attractiveness, expertness, and trustworthiness. Each item is rated on a 7-point scale, with higher ratings indicating more of the characteristic. The Attractiveness, Expertness, and Trustworthiness Scales are composed of 4 items each.

Therapists completed the 15-item Therapist Personal Reaction Questionnaire (TPRQ; Davis, Cook, Jennings, & Heck, 1977). The items deal with therapist feelings toward the client and therapist assessment of how well he or she conducted the interview. Each item is rated on a 5-point scale where "1" signifies "not characteristic" and "5" signifies "highly characteristic" of the therapist's feelings.

Results

Five of the 15 TPRQ items related significantly to at least one of the CRF-S scales. Table 1 presents means, standard deviations, and intercorrelations of CRF-S scales and the TPRQ items which significantly related to the scales.

Discussion

As with all correlational studies, significant relationships do not indicate causation. One variable could have been caused by another, or vice versa, or both could have been caused by variables other than those under study. Results are discussed keeping this in mind. Results should also be interpreted cautiously as they are based primarily on women psychotherapy practicum trainees.

The findings indicate that when therapists feel they did a good job in the intake session, as indicated by a positive response to the first TPRQ item and a negative response to the second TPRQ item in Table 1, their patients rate them high on the Expertness Scale of the CRF-S. Thus, both patients and therapists are in agreement about how good (i.e., expert) a job the therapists did in the initial sessions.

Therapists' endorsement of the item, "I disagree with this patient on some basic matters," was positively related to patients' perceptions of therapists' expertness. When patients come for help, they are generally thinking and behaving in ways that contribute to their problems. A good therapist is aware of these counterproductive thoughts and behaviors and helps the patient to find more productive ways of responding. During the initial session, the therapist assesses the patient's problem. This assessment is usually communicated to the patient by indicating areas where growth and change are needed. The patient has come for help and undoubtedly expects that the therapist will

not agree with the way the patient has been thinking and behaving in certain areas. It would not be very helpful if the therapist spent the session in total agreement with the patient.

All three CRF-S scales, Attractiveness, Expertness, and Trustworthiness, were negatively related to therapists' feelings that their patients were more likely to solve and were trying harder to solve their problems than were other patients. Patients generally come to therapy because they have problems which they feel they cannot solve alone. Lack of therapist recognition of this fact may indicate that the therapist is not skillful (Expertness), not able to relate to the patient (Attractiveness), and not trustworthy (Trustworthiness). The therapist who, at intake, feels that the patient is making a great effort and is more likely to solve his or her problems than other patients may place too great a burden on the patient to solve his or her own problems.

To summarize, novice therapists and their patients are in agreement about how well the therapists conduct the initial interview. The results indicate that, at intake, novice therapists are viewed as expert if they see their patients as troubled and as unable to solve their problems alone. These feelings of patients and therapists perhaps set the stage for successful therapy which will provide the patients with improved problem-solving skills. On the other hand, if novice therapists feel their patients are already helping themselves better than

most others, patients view therapists as lacking in skills. These results indicate the importance of training beginning therapists to identify the concerns and "cries for help" of their patients.

References

Beutler, L. E. (1972). Value and attitude change in psychotherapy: A case of dyadic assessment. Psychotherapy: Theory, Research and Practice, 9, 362-367.

Bottari, M. A., & Rappaport, H. (1983). The relationship of patient and therapist-reported experiences of the initial session to outcome: An initial investigation. Psychotherapy: Theory, Research and Practice, 20, 355-358.

Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form. Journal of Counseling Psychology, 30, 64-75.

Davis, C. S., Cook, D. A., Jennings, R. L., & Heck, E. J. (1977). Differential client attractiveness in a counseling analogue. Journal of Counseling Psychology, 24, 472-476.

Table 1

Means, Standard Deviations, and Intercorrelations of CRF-S Scales and TPRQ Items

			CRF-S Scales					
			Attractiveness		Expertness		Trustworthiness	
			M	SD	M	SD	M	SD
			24.32	3.35	22.88	4.13	24.88	3.17
TPRQ Items	M	SD	Correlations					
I think I did a pretty competent job with this patient	3.68	1.14	.00 (123)		.18* (115)		.03 (117)	
I felt pretty ineffective with this client	1.44	.79	-.04 (123)		-.19* (115)		-.05 (117)	
I disagree with this patient on some basic matters	1.38	.96	.12 (125)		.22** (115)		.12 (117)	
I think this patient is trying harder to solve his or her problems than most others I've seen	2.87	1.35	-.21* (121)		-.26*** (113)		-.19* (115)	
I am more confident that this patient will work out his or her problems than I've been with others	2.44	1.24	-.22** (122)		-.29*** (114)		-.26*** (116)	

a)Indicates degrees of freedom.

*$p<.05$. **$p<.02$. ***$p<.01$.